

**2019 Jack McLaughlin Memorial  
PGA of BC Pro-Junior Championship  
July 22, 2019  
Highland Pacific Golf**

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**PARENT / GUARDIAN RELEASE**

As the parent or legal guardian of the child named hereunder, I authorize him or her to participate in the 2019 Jack McLaughlin Memorial PGA of BC Pro-Junior Championship, July 22, 2019 at Highland Pacific Golf.

I release Highland Pacific Golf, the PGA of British Columbia, and its administrators, executives, employees, representatives, volunteers, chaperones and others, without reservation or restriction, from any and all liabilities related to any damage or accident that could arise leading up or during the course of the Pro-Junior Championship on July 22, 2019; I waive my right to seek any type of legal remedy that could result from such an accident. I acknowledge that the parties hereby released will not be held liable for any injury, accident or other losses, damages or costs in the course of the Pro-Junior Championship on July 22, 2019, including medical care or treatment which the parties hereby released, or any person authorized by said parties, may provide in the event of injury or illness during the two days.

I hereby grant the PGA of BC the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed and/or filmed images taken at this event for use in connection of all Association activities. This grant includes, without limitation, the right to publish such images on the Association's website, advertising, social media, Press Release and any other Association-related publication.

These images may appear in any of the wide variety of formats and media outlet available to the PGA of BC and may be used in the future, including but not limited to print, broadcast, videotape, and electronic/online media. No financial compensation will be granted for use of these photographs.

First & Last Name of Child: \_\_\_\_\_

First & Last Name of Parent / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name and telephone number of emergency contact:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

**This form must be filled out for every junior member of your team in order to participate in this event.  
Please sign and return this form to Donald Miyazaki at the PGA of BC by email at [donald@pgabc.org](mailto:donald@pgabc.org) or  
by fax at 604-303-6765 no later than 4:00PM on Thursday, July 18<sup>th</sup>, 2019**